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CONFIRMATION NO. 9381

<b>SERIAL NUMBER</b> 10/651,824	<b>FILING OR 371(c) DATE</b> 08/29/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> TRNSV-016USG
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/117,516 01/21/1999 PAT 6,638,293 which is a 371 of PCT/US97/01463 01/31/1997  
 which claims benefit of 60/010,614 02/02/1996  
 and is a CIP of 08/730,327 10/11/1996 PAT 6,190,353  
 and is a CIP of 08/730,496 10/11/1996 PAT 5,830,222

*yes*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*no*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 11/19/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

MEDTRONIC VASCULAR, INC.  
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 3576 UNOCAL PLACE  
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**TITLE**

Methods and apparatus for blocking flow through blood vessels

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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